



HEALTH PROFESSIONS
EDUCATION FOUNDATION

Giving Golden Opportunities



Vocational Nurse Scholarship Licensed Vocational Nurse to Associate Degree Nursing Scholarship Licensed Vocational Nurse Loan Repayment Program Application

This project is funded in part by grants from:
The California Wellness Foundation
S. Mark Taper Foundation

*Giving Golden
Opportunities by:*

*Increasing the supply of
health professionals practicing in underserved areas*

*Improving access to healthcare in
rural and urban areas of California*

*Helping students to pursue a
career in the health professions*

*Awarding health professionals who
are dedicated to practicing in underserved communities*

Application Instructions

APPLICANTS MAY APPLY FOR ONLY ONE AWARD USING THIS APPLICATION.

The purpose of the Vocational Nurse (VN) Scholarship, Licensed Vocational Nurse to Associate Degree Nursing (LVN to ADN) Scholarship, and Licensed Vocational Nurse (LVN) Loan Repayment Programs are to increase the number of vocational nurses practicing in medically underserved areas (MUA) of California and to assist LVNs in pursuing their Associate Degree in Nursing (ADN).

Applications for the VN Scholarship, LVN to ADN Scholarship, and LVN Loan Repayment Programs are accepted biannually. Monies awarded under this program are intended to pay or repay tuition, required fees, books, supplies, and educational equipment costs related to the applicant's nursing education. All awards are subject to the availability of funding.

SELECTION CRITERIA

Selections for the VN Scholarship, LVN to ADN, and LVN Loan Repayment Programs are based solely on information contained in the application and supporting documentation. Selection for awards is based on the following criteria:

Work Experience - health-related work experience in a MUA.

Financial Need - actual or potential difficulty in completing education in the absence of an award.

Career Goals - professional goals for the next five to ten years.

Community Service - documented volunteer service and/or activities, particularly in a MUA.

Community Background - family structure and community where you grew up; for example, rural, inner city/urban, suburban, or MUA.

Academic Performance - prior and current academic performance; potential for future academic success.

Priority will be given to:

Individuals whose community background and commitment indicates the likelihood of long-term employment in a MUA even after the service obligation has ended.

Awards are made on a competitive basis. Each part of the application must be completed. All supporting documentation must be submitted. Only complete applications will be evaluated. The Health Professions Education Foundation (Foundation) will not notify individuals if their application is incomplete.

VOCATIONAL NURSE SCHOLARSHIPS

Students may receive up to \$4,000 for the **VN Scholarship**. Scholarships are funded for one academic year, usually 2 semesters or 3 quarters. Your graduation date may impact the amount of funding you are eligible to receive.

Scholarship Eligibility

Scholarships are available to students who are enrolled or accepted in an accredited VN program. Priority will be given to students who will be graduating within 1 to 2 years. Awardees must sign a contract with the Office of Statewide Health Planning and Development (OSHPD) and agree to the following terms:

Be a U.S. citizen or permanent resident and a California resident.

Complete a 2-year service obligation to practice in a MUA area of California as an LVN providing direct patient care.

Be a full-time or part-time student (no less than 6.0 units or part-time as defined by the educational institution) in a California accredited school.

Maintain a minimum cumulative GPA of 2.0 or grade average of C or better each year scholarship funds are sought.

LICENSED VOCATIONAL NURSE TO ASSOCIATE DEGREE NURSING SCHOLARSHIP

Students may receive up to \$8,000 for the **LVN to ADN**. Scholarships are funded for one academic year, usually 2 semesters or 3 quarters. Your graduation date may impact the amount of funding you are eligible to receive.

Scholarship Eligibility

Scholarships are available to students who are enrolled or accepted in an accredited **ADN Program**. Priority will be given to students who will be graduating within 1 to 2 years. Awardees must sign a contract with the OSHPD and agree to the following terms:

Be a U.S. citizen or permanent resident and a California resident.

Complete a 2-year service obligation to practice in a MUA of California as a Registered Nurse providing direct patient care.

Be a full-time or part-time student (no less than 6 units or part-time as defined by the educational institution) in a California accredited school.

Maintain a minimum cumulative GPA of 2.0 or grade average of C or better each year scholarship funds are sought.

Be an LVN with a current and active California license and be in good standing with the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).

An LVN applicant who is eligible to apply for the **Registered Nurse Education Program (RNEP)** must first apply for that program, and if rejected, will then be considered eligible to apply for the LVN to ADN Scholarship. Applications for the LVN to ADN scholarship must be made within 12 months of rejection from the RNEP.

Upon completion of ADN must provide official transcripts to HPEF.

SCHOLARSHIP APPLICATION

Submit the following by the application due date.

1. Official Transcript(s) related to your nursing education

If you are a student in your first year of the accredited nursing program and your transcripts do not reflect your nursing education, submit your most current transcript.

The transcript(s) must be marked official by the school and submitted to the Foundation in a sealed envelope by the post-marked due date deadline. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in an open/unsealed envelope.

2. Personal Statements

Attach your personal statements to the application. Your statements must be typed and double-spaced. Statements must provide a comprehensive response to each question. Please limit all personal statements to not more than 6 pages. Restate and number each question along with your answer.

3. Two Letters of Recommendation

Letters of recommendation must be current or dated within the last six months of the application deadline. It is recommended that one letter be from a faculty member. The letters must be on letterhead or include the author's title, name of employer, mailing address, phone number, and relationship to applicant. To receive credit for community service a letter from the agency where service was provided must be submitted.

4. Program Completion Verification Form

This form must be signed by the nursing program director or a faculty member authorized to sign on the director's behalf. The Program Completion Verification Form is enclosed as part of the scholarship application. Applicants can also download this form from the Foundation's web site at www.healthprofessions.ca.gov.

5. Verification of Language Fluency, if applicable

Fluency in a language other than English must be verified on the Employment or Program Completion Verification Form or in a letter of recommendation from employer or school faculty.

6. Proof of Financial Need

Provide either:

a) Student Aid Report (SAR)

Students must submit the final 2007-2008 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on the Internet at www.ed.gov/offices/OPE/express.html.

Or

b) 2005 or 2006 Federal Tax Return with all W-2s.

Applicants who do not apply for financial aid must submit a complete copy of their 2005 or 2006 Federal tax return with all W-2s. Do not submit a State tax return. The State tax return will not be accepted in lieu of the Federal tax return.

LOAN REPAYMENT AWARDS

The LVN Loan Repayment Program repays up to \$6,000 in educational debt that was incurred while attending an accredited VN program. In return for the loan repayment award, the awardee must agree to practice full-time (minimum of 32 hours per week) as an LVN in a MUA for 2 years.

Awardees may reapply for additional loan repayment awards at the completion of their 2-year service obligation. Awardees may reapply for awards up to a maximum of \$12,000.

Loan Repayment Eligibility

Loan repayment awards are available to LVNs with current and active California licenses who are currently practicing in a MUA. If you have any questions about whether your facility qualifies as a MUA, please contact the Foundation at (800) 773-1669. Awardees must sign a contract with the OSHPD and agree to the following terms:

Be a U.S. citizen or permanent resident and a California resident.

Complete a 2-year service obligation to practice in a MUA of California as an LVN providing direct patient care. While completing the service obligation, awardees must work full-time (minimum of 32 hours per week).

Be an LVN with a current and active California license and be in good standing with the BVNPT.

SUBMIT THE FOLLOWING:

1. Official Transcript with LVN Certification of Program Completion

The transcript must be marked official by the school and submitted to the Foundation in a sealed envelope by the post-marked due date deadline. If the school does not release official transcripts to the student, the transcript may be sent directly from the school to the Foundation. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in an open/unsealed envelope.

Your LVN Certification of Program Completion must be posted on the transcript unless you are a student in the final year in a course of study leading to an LVN Certification of Program Completion. If you are in the final year of the VN program, submit the most current transcript(s) that illustrate your VN education to date.

Applicants who will not graduate before the application deadline must submit all transcripts available to date and must graduate by June 2007.

2. Personal Statements

Attach your personal statements to the application. Your statements must be typed and double-spaced. Statements must provide a comprehensive response to each question. Please limit all Personal Statements to not more than 6 pages. Restate and number each question along with your answer.

Application Instructions (cont.)

3. Two Letters of Recommendation

Letters must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, phone number, and relationship to applicant. To receive credit for community service, a letter from the agency where service was provided must be submitted.

4. Employment Verification Form

This form must be signed by an official in your personnel department. The Employment Verification Form is enclosed as part of the application. Applicants can also download this form from the Foundation's Web site at www.healthprofessions.ca.gov.

5. Proof of current and active California VN license and be in good standing with the BVNPT.

6. Verification of Language Fluency, if applicable

Fluency in a language other than English must be verified on the Employment Verification Form or in a letter of recommendation from employer or school faculty.

7. Proof of Financial Need

2005 or 2006 Federal Tax Return with all W-2s

Do not submit a State tax return. The State tax return will not be accepted in lieu of the Federal tax return.

8. VN Educational Debt Reporting Form (For Loan Repayment applicants)

Submit the attached VN Educational Debt Reporting Form and copies of your most recent lender statements with your name, the name of lender, balance owed, account number, and monthly payments. All information must be filled in or the application will be considered incomplete.

INELIGIBILITY FOR VN AWARDS

Applicants who owe a service obligation to practice direct patient care to another entity entered into before filing an application with the Foundation are ineligible to receive a scholarship. Previous obligations must be completed before applying. Awardees who breach their contract with the OSHPD will not be allowed to reapply for additional awards.

APPLICATION SUBMISSION

Applications must be postmarked by the deadline. In order to be eligible, each part of the application must be completed. All supporting documentation must be submitted. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation at (800) 773-1669 prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose-leaf binder.

NOTIFICATION OF AWARDS

The Foundation will notify applicants of their application results within eight weeks of the postmark deadline.

SPRING APPLICATION POSTMARK DEADLINE: MARCH 24, 2007
FALL APPLICATION POSTMARK DEADLINE: SEPTEMBER 11, 2007

Submit applications to:

Health Professions Education Foundation
VN Scholarship & LVN Loan Repayment Programs
818 K Street, Suite 210
Sacramento, CA 95814
(800) 773-1669 or (916) 324-6500

Application

Please refer to the application instructions before you begin.

Do you owe an existing service obligation to another entity? ☐ Yes ☐ No

If yes, please explain. (Previous obligations must be completed before applying)

Please indicate which award you are applying for:

☐ Vocational Nurse Scholarship: \$4,000

☐ Licensed Vocational Nurse to Associate Degree
Nursing Scholarship: \$8,000

☐ Licensed Vocational Nurse Loan Repayment: \$6,000

Please enter the scholarship or loan repayment amount you are requesting: _____



Please refer to the application instructions when completing the application. Complete each part of the application form. Make sure all supporting documents are submitted with your application. Applications must be postmarked by the application deadline. Late applications will not be evaluated.

PART A – PERSONAL INFORMATION

Applicants may apply for only one award using this application.

(Please type or print your answers legibly in the space provided.)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Work Phone: _____

Social Security # _____ CA Drivers License # _____

Date of birth: _____ Age: _____ Gender: Male Female

Marital Status: _____ Unmarried _____ Married

Number of dependents other than self and spouse: _____
(As declared on tax returns + Student Aid Reports.)

Are you a previous awardee of the Foundation? ☐ Yes ☐ No

If yes, please enter the contract # _____

Have you applied to and been rejected from receiving funds from the
Registered Nurse Education Program (RNEP)? ☐ Yes ☐ No

If yes, please enter the date of rejection letter: _____

If no, please apply for the Registered Nurse Education Program (RNEP).

Are you currently employed as an LVN? ☐ Yes ☐ No

If yes, provide license # _____ Expiration date: _____

If no, provide anticipated licensure date: _____

Are you the first in your family to attend college? ☐ Yes ☐ No

Which best describes your ethnic background:

☐ African American ☐ Caucasian ☐ Native American

☐ Asian American ☐ Hispanic/Latino ☐ Pacific Islander

Other (Please specify) _____

If Native American, please specify tribal affiliation and submit verification:

List any languages you are fluent in, other than English.

Please submit verification (see Verification of Language Fluency in the instructions).

1 _____

2 _____

Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No
(If no, do not continue. You must be a U.S. citizen or permanent resident to apply.)

Are you a California resident? ☐ Yes ☐ No

PART B – WORK EXPERIENCE

Please list all work experience you have had. List most recent employer first. Include additional work history on page 6 if needed.

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/Title: _____ Monthly Salary: _____

☐ Full-time OR ☐ Part-time

Employment Start Date: _____ Employment End Date: _____

Average hours worked (please choose only one):

_____/day ____/week ____/month

Brief description of your job duties: _____

Personal Information Notification

The Information Practices Act of 1977 and the Federal Privacy Act require this program to provide the following to individuals who are asked by the Office of Statewide Health Planning and Development, Health Professions Education Foundation to supply information: The principal purposes for requesting personal information are for verification of identification, establishment of eligibility and program administration. Program regulations (Chapter 16 of Title 22 of the California Code of Regulations, Sections 97900 et seq.) require every individual to furnish appropriate information for application to the Vocational Nurse and Licensed Vocational Nurse to Associate Degree Nursing Scholarship and the Licensed Vocational Nurse Loan Repayment Program. All requested information is required unless it is specifically identified as voluntary. Failure to furnish this information may result in the return of the application as incomplete.

An individual has a right of access to records containing his/her personal information that are maintained by the Office of Statewide Health Planning and Development, Health Professions Education Foundation. The person responsible for maintaining the information is the Program Director, Health Professions Education Foundation, 818 K Street Ste. 210, Sacramento, CA 95814, (916) 324-6500.

The Foundation may charge a small fee to cover the cost of duplicating this information.

FOR OFFICIAL USE ONLY

Recd:	Compl / Inc:	Omitted: App Pgs	GDV	EVF	SAR	TAX	LoR	Oth
App Inquiry: (- -) (- -)		HPEF Contact:		for:				
Input By:	MUA: Yes / No	CT#:						
Reviewed By:		Comments:						

PART C – COMMUNITY BACKGROUND

For each age category below, list the city, county, state, or country you grew up in. Check socioeconomic status and geographic characteristics for each applicable age category.

Age Category Birth-10 years ☐ Rural ☐ Inner City/Urban ☐ Suburban ☐ Low-Income ☐ Middle-class ☐ Upperclass
City: _____ County: _____ State: _____
Country: _____

Age Category 11-20 years ☐ Rural ☐ Inner City/Urban ☐ Suburban ☐ Low-Income ☐ Middle-class ☐ Upperclass
City: _____ County: _____ State: _____
Country: _____

Age Category 21-30 years ☐ Rural ☐ Inner City/Urban ☐ Suburban ☐ Low-Income ☐ Middle-class ☐ Upperclass
City: _____ County: _____ State: _____
Country: _____

Age Category 31-40 years ☐ Rural ☐ Inner City/Urban ☐ Suburban ☐ Low-Income ☐ Middle-class ☐ Upperclass
City: _____ County: _____ State: _____
Country: _____

Age Category 41+ years ☐ Rural ☐ Inner City/Urban ☐ Suburban ☐ Low-Income ☐ Middle-class ☐ Upperclass
City: _____ County: _____ State: _____
Country: _____

PART D – PERSONAL STATEMENTS

Attach your personal statements to the application. Your statements must be typed and double-spaced. Restate and number each question along with your answer.

VN Scholarship applicants must answer questions 1-7.

LVN to ADN Scholarship applicants must answer questions 1-7.

LVN Loan Repayment applicants must answer questions 2-7.

1. What kind of work would you like to do immediately after graduation?
2. What kind of work do you think you'll be doing in five years?
3. What is your vision of your professional future in ten years?
4. Describe any community service, volunteer activities, or club memberships within the past two years (Please attach any letters of recommendation you may have. Do not include experience for which you received academic credit).
5. Describe your family background including: your father's and mother's occupation, annual income, marital status, and number of dependents including yourself.
6. Describe how your background is relevant to your interest in pursuing a nursing career. Do you see your background as an advantage, disadvantage or both?
7. Please add any other information you believe is relevant, i.e. certificates / awards.

PART E – QUESTIONNAIRE

Where did you hear about the VN Scholarship, LVN to ADN Nursing Scholarship, & LVN Loan Repayment Program? (Check all that apply)

- ☐ School ☐ Work (employer or co-worker) ☐ Friend/Acquaintance ☐ TV
☐ Foundation Web site ☐ Other Web site ☐ Advertisement ☐ Radio
☐ Newspaper or publication (please specify) _____
☐ Organization or Affiliation (please specify) _____
☐ Other source (please specify) _____

Where did you receive the VN Scholarship, LVN to ADN Scholarship, & LVN Loan Repayment Program application? (Check only one.)

- ☐ Financial Aid Office ☐ Program Director/Instructor ☐ Foundation office
☐ Foundation Web site ☐ Other Web site ☐ Work (employer/co-worker)
☐ Friend/Acquaintance ☐ Other please specify _____

PART F – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application and that the BVNPT will be notified.

I understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I understand that once submitted my application and supporting documents become the rights of the Foundation. I also understand that my personal statements become the property of the Foundation and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

Printed Name: (last name, first name, middle initial)

Applicant's Signature: _____ Date: _____

SPRING POSTMARK DEADLINE MARCH 24, 2007

FALL POSTMARK DEADLINE SEPTEMBER 11, 2007

SUBMIT APPLICATIONS TO:

Health Professions Education Foundation
 VN Scholarship & LVN Loan Repayment Programs
 818 K Street, Suite 210
 Sacramento, CA 95814

SCHOLARSHIP CHECKLIST

- ☐ 1. Official Transcript(s) related to your VN education
- ☐ 2. Personal Statements
- ☐ 3. Two (2) Letters of Recommendation
- ☐ 4. Program Completion Verification Form
- ☐ 5. Proof of Financial Need
 - a) 2007-2008 Student Aid Report (SAR)
 - or
 - b) 2005 or 2006 Federal Tax Return and all W-2s

LOAN REPAYMENT CHECKLIST

- ☐ 1. Official Transcript(s) with LVN Certificate of Program Completion
- ☐ 2. Personal Statements
- ☐ 3. Two (2) Letters of Recommendation
- ☐ 4. Employment Verification Form
- ☐ 5. Proof of current and active California VN License and be in good standing with the BVNPT.
- ☐ 6. Proof of Financial Need
 - 2005 or 2006 Federal Tax Return and all W-2s
- ☐ 7. LVN Educational Debt Reporting Form and Lender Statements

PROGRAM COMPLETION VERIFICATION FORM

(For Scholarship Applicants Only)

***Must be completed by the Program Director or the director's designee.**

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: _____

School Name: _____

Program Enrolled: _____

School Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Year Entered: _____ Expected Program Completion Date: _____
Month/Year Month/Year

Enrollment Status: ☐ F/T ☐ P/T (as defined by the educational institution)
(Based on FALL or SPRING Semester / Quarter academic year)

Please comment on the student's performance and potential for academic success.

Student is fluent in a language other than English: ☐ Yes ☐ No ☐ Unknown

Specify Language(s): _____

This form was completed by:

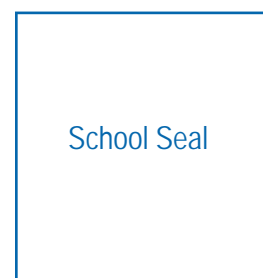
Name: (Please Print) _____ Title: _____

Signature: _____ Date: _____

Phone Number: _____

Please check one:

- ☐ I certify, under penalty of perjury, that I am the Program Director.
☐ I certify, under penalty of perjury, that I am authorized to sign this document on behalf of the Program Director.



EMPLOYMENT VERIFICATION FORM

(For Loan Repayment Applicants Only)

ATTENTION! The completed form must bear an original ink signature.

Photocopies and faxed copies of the completed form are not acceptable.

FORM TO BE COMPLETED BY AN OFFICIAL IN THE PERSONNEL OR HUMAN RESOURCES DEPARTMENT

Employee's Name: _____

Date of Hire: _____ Position Title: _____ Estimated Monthly Salary: _____

Employment Status: ☐ F/T ☐ P/T Average weekly hours worked: _____
(No hourly wages)

Employer: _____ Telephone Number: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Employer's Address: _____
(No P.O. Boxes, please include the employees work site address)

City: _____ State: _____ Zip Code: _____

County: _____

Additional Comments:

Employee is fluent in a language other than English: ☐ Yes ☐ No ☐ Unknown

Specify Language(s): _____

This form was completed by:

Name: (Please Print) _____ Title: _____

Signature: _____ Date: _____

Phone Number: _____

Attach business card here.

Additional Work History

Please list additional work experience here. (Resumes will not be used in place of work history pages)
Please print or type legibly.

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/Title: _____ Monthly Salary: _____

☐ Full-time OR ☐ Part-time

Employment Start Date: _____ Employment End Date: _____

Average hours worked (please choose only one): ____/day ____/week ____/month

Brief description of your job duties: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/Title: _____ Monthly Salary: _____

☐ Full-time OR ☐ Part-time

Employment Start Date: _____ Employment End Date: _____

Average hours worked (please choose only one): ____/day ____/week ____/month

Brief description of your job duties: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/Title: _____ Monthly Salary: _____

☐ Full-time OR ☐ Part-time

Employment Start Date: _____ Employment End Date: _____

Average hours worked (please choose only one): ____/day ____/week ____/month

Brief description of your job duties: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/Title: _____ Monthly Salary: _____

☐ Full-time OR ☐ Part-time

Employment Start Date: _____ Employment End Date: _____

Average hours worked (please choose only one): ____/day ____/week ____/month

Brief description of your job duties: _____

VN Educational Debt Reporting Form

(For Loan Repayment Applicants Only)

- List source and amounts of **outstanding educational loans** used to finance your VN education below.
- You must submit evidence of the educational debts listed below (e.g., current statements for referenced accounts which includes the current balance, account number, your name, and address to which payment is submitted).

All spaces must be completed. If payments are **deferred** an amount must be entered into the monthly payment space.
If any information is missing the application will be considered incomplete.

LOAN 1

School Attended: _____

Loan Period (Start Date): _____ (End Date): _____

Loan Program: _____

Loan ID#: _____

Lending Institution: _____

Lender's Address: _____

City: _____ State: _____ Zip: _____

Outstanding Balance: \$ _____ Monthly Payment: \$ _____

LOAN 2

School Attended: _____

Loan Period (Start Date): _____ (End Date): _____

Loan Program: _____

Loan ID#: _____

Lending Institution: _____

Lender's Address: _____

City: _____ State: _____ Zip: _____

Outstanding Balance: \$ _____ Monthly Payment: \$ _____

LOAN 3

School Attended: _____

Loan Period (Start Date): _____ (End Date): _____

Loan Program: _____

Loan ID#: _____

Lending Institution: _____

Lender's Address: _____

City: _____ State: _____ Zip: _____

Outstanding Balance: \$ _____ Monthly Payment: \$ _____

LOAN 4

School Attended: _____

Loan Period (Start Date): _____ (End Date): _____

Loan Program: _____

Loan ID#: _____

Lending Institution: _____

Lender's Address: _____

City: _____ State: _____ Zip: _____

Outstanding Balance: \$ _____ Monthly Payment: \$ _____

LOAN 5

School Attended: _____

Loan Period (Start Date): _____ (End Date): _____

Loan Program: _____

Loan ID#: _____

Lending Institution: _____

Lender's Address: _____

City: _____ State: _____ Zip: _____

Outstanding Balance: \$ _____ Monthly Payment: \$ _____

LOAN 6

School Attended: _____

Loan Period (Start Date): _____ (End Date): _____

Loan Program: _____

Loan ID#: _____

Lending Institution: _____

Lender's Address: _____

City: _____ State: _____ Zip: _____

Outstanding Balance: \$ _____ Monthly Payment: \$ _____



HEALTH PROFESSIONS EDUCATION FOUNDATION

Giving Golden Opportunities

818 K Street, Suite 210
Sacramento, CA 95814
www.healthprofessions.ca.gov
(800) 773-1669

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